



In The United States Patent and Trademark Office

In re application of: James P. Elia

Group No.: 1646

Serial No.: 10/626,761

Examiner: Elizabeth C. Kemmerer

Filed: July 24, 2003

For: METHOD FOR REPAIRING A DAMAGED PORTION OF A HUMAN ORGAN

MAIL STOP NON-FEE AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail, in an envelope addressed to Assistant Commissioner for Patents, MAIL STOP NON-FEE AMENDMENT, P.O. Box 1450, Alexandria, VA 22313-1450 on

JUNE 14, 2006

Signature

Date of Signature 6/14/06

1. Transmitted herewith is an Amendment, in response to the May 15, 2006 Office Action, for this application.

2. Extension of Time

<u>Extension (months)</u>	<u>Fee for small entity</u>	<u>Fee for non-small entity</u>
One month	\$ 60.00	\$ 120.00
Two months	\$ 225.00	\$ 450.00
Three months	\$ 510.00	\$1,020.00
Four months	\$ 795.00	\$1,590.00
Five months	\$1,080.00	\$2,160.00

a) ☐ An extension is hereby requested for ___ month(s) with a fee of \$_____.

An extension for ___ months has already been secured and the fee paid therefor of \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____.

OR

b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

3. Fee for Claims

The fee for claims has been calculated as shown below:

(column 1)		(column 2)		(column 3)	Small Entity	
	Claims remaining after amendment		Highest no. previously paid for	Present extra	Rate	Additional fee
Total	* 11	Minus	** 28	= 0	X 25 =	\$ 000.00
Indep.	* 01	Minus	** 3	= 0	x 100 =	\$ 000.00
First presentation of multiple dep. Claim					+ 180 =	\$ ---
					Total	\$ 000.00
					Additional fee	\$ 000.00

- * If the entry in Column 1 is less than entry in Column 2, write "0" in Column 3.
** If the "Highest no. previously paid for" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest no. previously paid for" IN THIS SPACE is less than 3, enter "3".

The "Highest no. previously paid for" (total or indep.) is the highest number found in the appropriate box in Column 1 of a prior amendment or the number of claims originally filed.

Total additional fees required: \$ 000.00.

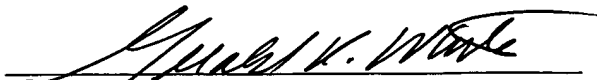
4. Fee Payment

☒ No fee is due.

OR

☐ Attached hereto is Check No. _____ in the amount of \$_____.

Dated: June 14, 2006



Signature of attorney

Gerald K. White
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